

04/03/01

Jc839 U.S. PTO

04-04-01

RE/A

PTO/SB/50 (4/98)

Approved for use through 9/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

09/824965

04/03/01

Address to: Assistant Commissioner of Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	12967-002001
	First Named Inventor	Tomohiro Kawase et al
	Original Patent Number	6,007,622
	Original Patent Issue Date	December 28, 1999
	Express Mail Label No.	EH956371007

APPLICATION FOR REISSUE OF:
(check applicable box)☒ Utility Patent☐ Design Patent☐ Plant Patent

APPLICATION ELEMENTS

1. ☐ * Fee Transmittal Form (PTO/SB/56)
(Submit an original and a duplicate for fee processing)
2. ☐ Specification and Claims (amended, if appropriate)
3. ☐ Drawing(s) (Proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
5. Original U.S. Patent
☒ Offer to surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)

6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s)
(PTO/SB/09-12) ☐ Statement filed in prior application,
status still proper and desired
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other:

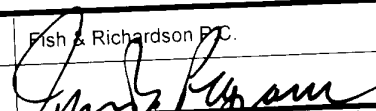
* Note for items 1&10: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS
REQUIRED (37 C.F.R. § 1.27), except if one filed in a prior
application is relied upon (37 C.F.R. § 1.28)

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code LabelOr ☐ Correspondence address
below

(Insert Customer No. Or Attach bar code label here)

Name	John B. Pegram		
	Fish & Richardson P.C.		
Address	45 Rockefeller Plaza, Suite 2800 New York, NY 10111		
City	State	Zip Code	10111
New York	NY		
Country	Telephone	Fax	(212) 258-2291
U.S.A.	(212) 765-5070		

NAME (Print/Type)	Fish & Richardson P.C.	Registration No.	25,198
Signature		(Attorney/Agent)	
		Date	4/3/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and
Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant
Commissioner for Patents, Washington, D.C. 20231

Express Mail No. EH956371007US

REISSUE APPLICATION FEE TRANSMITTAL FORMDOCKET NUMBER (Optional)
12967-002001**Claims as Filed – Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 22	Total Claims (37 CFR 1.16(j))	(B) 183 (Mult. Dep)	161	x \$ =		x \$18 =	2,898.00
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 3	2	x \$ =		or x \$80 =	270.00 160.00
Basic Fee (37 CFR 1.16(h))					\$	\$ 710.00	
Total Filing Fee					\$	OR	\$ 4,038.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	MINUS	**	* =	x \$ =		or x \$ =	
Independent Claims (37 CFR 1.16(i))	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee				\$		OR	\$

* If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

☐ Please Charge Deposit Account No. _____ in the amount of _____
 A Duplicate Copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050
 A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 4,038. to Cover the filing/additional fee is enclosed.
April 3, 2001

Date



Signature of Applicant, Attorney or Agent of Record

John B. Pegram

Typed or Printed Name

Burden Hour Statement: This form is estimated to take 0.05 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231